

- 1.1 RFR Title: Massachusetts Collaborative for Action, Leadership and Learning (MassCALL)
- 1.2 Purchasing Department: Dept. Public Health, Bureau of Substance Abuse Services
- 1.3 Address: 250 Washington Street, 3rd Floor, Boston, MA 02108-4619
- 1.4 Procurement Contact Person: Stefano Keel
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- 1.8 TTD/TTY#: (617) 624-5186
- 1.9 RFR File Number: 003
- 1.10 Comm-Pass Procurement Category: MM

1.11 **DESCRIPTION OR PURPOSE OF PROCUREMENT:**

In July 1998, The Center for Substance Abuse Prevention (CSAP) awarded Massachusetts a 9 million-dollar State Incentive Cooperative Agreement. The purpose of this three year grant is to develop a statewide Comprehensive Substance Abuse Prevention Strategy and Funding Plan; and to support communities to implement and evaluate science-based programs to reduce alcohol, tobacco, marijuana and other drug abuse among youth 12-17 years old.

The Massachusetts Collaborative for Action Leadership and Learning (MassCALL) Advisory Council (Appendix A), co-chaired by Governor Cellucci and Secretary O'Leary (Health and Human Services), will guide the management of this Agreement to ensure that the following four interrelated goals are achieved:

- Develop a coordinated statewide funding system for substance abuse prevention efforts based on a community risk and protective factor framework;
- Develop a revitalized, *Comprehensive Statewide Substance Abuse Prevention Strategy* that employs scientifically-researched methods to reduce the use of marijuana, alcohol, tobacco and other drugs, particularly among youth 12-17 years old;
- Reduce alcohol, tobacco and other drug (ATOD) use among youth in MassCALL recipient communities and/or produce positive change in research-based indicators of ATOD use in these communities
- Reduce ATOD use among youth exposed to MassCALL programming in recipient communities.

The State Incentive Cooperative Agreement supports community-based coalitions to work cooperatively with MassCALL and CSAP to implement and evaluate science-based programs to reduce substance abuse among youth 12-17 years old. MassCALL funding to communities will be procured through the Bureau of Substance Abuse Services at the Department of Public Health.

The Bureau of Substance Abuse Services (BSAS) seeks proposals from qualified vendors to provide scientifically defensible substance abuse prevention programs in approximately 20 communities throughout the Commonwealth. As part of MassCALL, community-based coalitions are encouraged to submit proposals for substance abuse prevention programs that utilize science-based programs/strategies to prevent marijuana, alcohol, tobacco and other drug abuse among youth ages 12 to 17.

1.12 IDENTIFY ACQUISITION METHOD: CHOOSE ONE OF THE FOLLOWING:

- ☐ Outright Purchase ☒ Fee For Service ☐ License
☐ Tax Exempt Lease Purchase (TELP) ☐ Lease Purchase ☐ Term Lease
☐ Rental (not to exceed 6 months) ☐ Other (specify):

1.13 IDENTIFY WHETHER SINGLE OR MULTIPLE CONTRACTORS ARE REQUIRED FOR CONTRACT(S)

- ☐ Single Contractor ☒ Multiple Contractors

IDENTIFY WHETHER SINGLE OR MULTIPLE DEPARTMENTS WILL BE ABLE TO USE

- ☐ Only Procuring Department May Contract Under RFR
☒ Option to Allow Other Departments/Political Subdivisions to Contract Under RFR:
☐ Statewide Contract ☐ Multi- Department User Contract ☐ Pre-Qualification List

1.14 EXPECTED DURATION OF CONTRACT

Initial Duration: ☒ one-time purchase; ☐ months; ☒ up to 2 year(s)
Renewal Options:(indicate number) 1 options to renew for up to 1 year(s) each option

1.15 ANTICIPATED EXPENDITURES, FUNDING OR COMPENSATION FOR EXPECTED DURATION

- ☒ Contract will have a Maximum Obligation Amount
☐ Contract will NOT have a Maximum Obligation Amount, (Rate Contract).
☐ Subject to Quotes by Pre- Qualified List of Contractors.

Estimated Value of Procurement:

\$2.5 million per year for up to two (2) years with an option to renew for up to one (1) year for \$2.5 million.

Will Federal Funds be used to fund Contract(s)? ☐ NO, ☒ YES (If YES, to what extent?)100%

Funding Specifications

The maximum obligation for all services being procured through this RFR (is anticipated to be annualized at a range) from \$75,000 to \$125,000 per vendor per year for up to two (2) years with an option to renew for up to one (1) year. Any annual awards over \$99,999 must be reviewed and approved by the Center for Substance Abuse Prevention (CSAP), and may result in a minor delay of the actual award. Contract period will be from 11/1/99 to 10/31/01 based on satisfactory contract performance and federal funding appropriations.

Approximately 15% or more of the funding awarded to each local recipient should be dedicated to evaluation, unless a thorough justification is provided and approved. An annual budget for two (2) years should be submitted. The addition of in-kind and matching funds are encouraged but not required.

Funding will be based on the applicant's demonstrated capacity to implement and evaluate science-based programs/strategies to reduce substance abuse among youth, related MassCALL requirements, documented need, and geographic distribution. Community profiles based on risk and protective factors identified by the MassSNAP Social Indicators Study will be one tool used in determining the statewide allocation of funding. These community profiles will incorporate geographic location, community needs in relation to substance abuse and related issues, and the availability of resources in that community.

1.16 INDICATE CONTRACT PERFORMANCE AND BUSINESS SPECIFICATIONS:

The Bureau of Substance Abuse Services (BSAS) seeks proposals from qualified vendors to provide scientifically defensible substance abuse prevention programs in approximately 20 communities throughout the Commonwealth. As part of the Massachusetts Collaborative for Action, Leadership and Learning (MassCALL), community-based coalitions are encouraged to submit proposals for substance abuse prevention programs that utilize science-based programs/strategies to prevent marijuana, alcohol, tobacco and other drug abuse among youth ages 12 to 17.

It is anticipated that the maximum obligation for all services being procured through this RFR will range from \$75,000 to \$125,000 year for up to two (2) years per vendor with and option to renew for up to one (1) year. It is expected that one (1) award will be made for a selected population in any one geographic area (i.e. town, neighborhood) in the Commonwealth. (In some cases, more than one award may be made in an area, provided that the need of the different populations in area are addressed (i.e. youth in two separate neighborhoods in a large municipality). Applicants are expected to coordinate their proposals to ensure that the populations to be served are not the same. This coordination must be documented in the application.

In addition to funding community-based coalitions, a maximum of 10% of the funds will be allocated to groups/organizations that serve communities of interest. A "community of interest" is a group of individuals that share common characteristics and who are members (or clients) of an organization that focuses on their interests.

PROGRAM DESIGN: PROGRAM COMPONENTS AND STANDARDS:

The program components must include:

1. Needs Assessment and Resource Inventory
2. Science-based Substance Abuse Prevention Program/Strategy
3. Program Evaluation Plan

1. Needs Assessment & Resource Inventory

A needs assessment for the defined "community" should include substance use and abuse prevalence data and identification of major risk and protective factors to be addressed (Risk & Protective Factor Chart, Appendix B).

The needs assessment can make use of previously collected data, and/or data collected specifically for the application. All information collected should be as recent as possible. A variety of data sources can be used, including local surveys, state or regional surveys, interviews with key informants, focus groups, and archival/records data. In addition, a resource inventory should describe strengths and assets (including organizations and their programs) in the community which address the needs or have the potential to do so.

At minimum, the needs assessment and resource inventory should describe:

- The nature and scope of alcohol, tobacco, other drug abuse and related problems among youth ages 12 to 17.
- The seriousness of these problems as compared to similar groups in other settings (i.e. other Massachusetts communities), and whether or not these problems have changed over time.
- The demographics of the community or geographic area to be served, particularly including youth.
- The demographics of the specific group(s) to be served.
- Indicators of substance abuse (i.e. drug abuse related hospital admissions; arrests for Driving While Intoxicated – DWI and other risk factors).
- Existing prevention efforts in the community or geographic area, other resources (if any) and other risk and protective factors directed at the population and problem(s) the applicant proposes to target.
- Methods used (or to be used) to collect new (or previously existing) data.
- How the project has included culturally diverse viewpoints in the process.

2. Science-Based Substance Abuse Prevention Program/Strategy Model

All proposed programs must be science-based (based on “Science-Based Practices in Substance Abuse Prevention: A Guide” Appendix C and “Science-Based Programs/Strategies, Northeast CAPT, Prevention Support Services, May 1999” Appendix D). Additional information on Science-based substance abuse prevention can be found in Appendix E.

Applicants who do not propose a science-based prevention strategy from the list of approved programs in Appendices C & D may propose an alternative program for consideration prior to the submission of the application package. The process for requesting approval of non listed programs is included in Appendix F. All requests for approval of non-listed programs must be submitted by June 18. A response to all requests for approval will be provided by July 1, 1999.

Moreover, all applicants are encouraged to implement science-based environmental strategies as they have been shown to impact a larger number of people and produce results in a shorter period of time (Broustein, Zweig, Gardner, December 3, 1988, p. 74-79, Appendix C). Implementation of science-based programs and strategies of proven effectiveness offers the best opportunity for MassCALL to demonstrate positive results. To maximize this opportunity, the proposed program will need to be coordinated with other community-based prevention efforts. The program design should fit within a comprehensive, broad-based prevention plan that uses multiple prevention strategies.

Applicants are encouraged to implement only one (1) program/strategy with the funding available. Some communities may not have sufficient resources to implement an entire science-based model. This presents an opportunity for these communities to creatively adapt a science-based model. In such cases, applicants must demonstrate that any changes are consistent with the principles underlying the selected model. (Broustein, Zweig, Gardner, December 3, 1988, p 52-79 Appendix C) Any proposals for two or more programs/strategies must include at least one science-based environmental strategy.

At minimum, the discussion of the proposed program should include:

- A description of the selected population(s) to be served by the program;

- Identification of the need(s) to be addressed;
- Specification of program goals, including targeted outcomes and risk and protective factors to be addressed;
- A detailed description of the science-based substance abuse prevention program/strategies to be employed to bring about outcomes;
- A description of the setting(s) in which the program/strategies will occur;
- An action plan to implement the science-based program/strategy to reduce the use of alcohol, tobacco, marijuana and other drugs among youth age 12 – 17 is developed. The plan should include: 1) the project outcomes expressed in measurable terms and anchored to a specific time-frame (i.e. the specific magnitude of change expected to occur from the program's prevention interventions and when); and 2) a timeline that specifies target dates for prevention implementation benchmarks and assigns organizational and/or staff responsibility for each benchmark;
- A description of how the proposed program will actively involve youth, families, schools and/or workplaces in the development and implementation of strategies for community-based prevention;
- A description of how the project will ensure cultural inclusion in its process and products. All services must be designed and delivered with competencies in culture, language, gender, disabilities, sexual orientation and age;

If the implementation of the proposed project requires active participation of other organizations, then the applicant should provide linkage agreements that specify the roles and responsibilities of all parties. The linkage agreement may speak to such things as: access to data; access to specific populations to deliver a service; sharing or provision of resources; and/or services to be delivered. For example, if collecting data from students in schools is part of the proposed program/strategy, then the applicant must submit a linkage agreement with the school(s).

3. Program Evaluation

A team of evaluators from Health and Addictions Research, Inc., and Social Science Research & Evaluation, Inc will conduct the statewide evaluation of MassCALL. Each local recipient will also conduct an evaluation. The statewide evaluators will provide local evaluators with guidance, materials, and assistance in carrying-out the program level evaluation. The local evaluators will be primarily responsible for carrying out both the outcome and process evaluation of their programs, and for cooperating with the statewide evaluation and the national cross-site evaluation conducted by CSAP.

At minimum, evaluation plans for the proposed program/strategy must include an Outcome Evaluation and Process Evaluation:

The Outcome Evaluation should include, at minimum:

- An agreement to measure specified outcomes. These outcomes include lifetime, annual and past month use and age of first use for: alcohol, tobacco, marijuana and other drugs; and

prevalence/frequency of binge drinking. Measures for these outcomes will be provided by the statewide evaluators.

- A specification of the risk and protective factors to be measured from the menu provided in the RFR (Appendix B). Measures for these factors will be provided by the statewide evaluators.
- A description of other measures proposed to evaluate the impact of the intervention(s).
- A description of the level at which the impact of the intervention(s) will be evaluated. This level must correspond to the level of the intervention. For example, if the intervention targets girls at a middle school, then the plan should specify how the targeted girls are to be surveyed. If the intervention targets all youth in a community, as in an environmental intervention, then the plan should specify how a representative sample of youth in the community will be identified and surveyed.
- A schedule for collecting outcome evaluation data. Data should be collected at times that will most fully capture the effects of the proposed intervention(s). For example, if the proposed intervention provides six months of prevention programming to a specified group of youth, then data should be collected prior to and immediately following the intervention, and ideally at a subsequent time such as six months following the intervention. If the proposed intervention is an environmental intervention, it would be more appropriate to collect follow-up data after a longer interval following the start of the intervention, because of the scale of the intervention and the likelihood that it will affect youth over a period of time.
- A discussion or proposal of ways to increase the interpretability of the outcome evaluation results. Even when outcomes have been measured prior to and following an intervention, they may be difficult to interpret without some basis for comparison. For example, if prevalence levels were found not to change or even to increase following the proposed intervention, it might be concluded, without some basis for comparison, that the intervention was ineffective. Yet an appropriate comparison group might exhibit an even larger increase in prevalence among comparable youth (due to any number of environmental factors), suggesting that the intervention did in fact have a positive effect in slowing the increase in prevalence
 - Applicants must express their willingness to explore, with the statewide evaluators, ways that a basis for comparison of measured outcomes can be established.
 - Applicants are encouraged to propose a comparison group or some other basis for comparison that will increase the interpretability of local outcome data.
 - A basis for comparison may consist of a group of youth not subject to the proposed intervention that match, as much as possible, the targeted youth in: distribution of age, gender, grade level, racial background, socioeconomic status, prevalence of substance use, and other variables that might affect the outcomes of the intervention.
 - However, a comparison group may not always be feasible because of resource or other constraints. For example, for an environmental intervention, it may not be possible to find a comparable community, or resources may not permit surveying youth in a comparable community were one to be found. In such cases, it may be possible for a basis of comparison to be constructed from statewide or other surveys, with assistance from the statewide evaluators.

The Process Evaluation should include, at minimum:

- A description of how the implementation of the proposed program will be documented, including any adaptations of the science-based model and the application of science-based principles to guide such adaptations.
- A description of how changes in the applicant coalition or organization and the targeted community/population, associated with MassCALL, will be documented. Such changes might include changes in the coalition's relationships within the community and outside of it attributable to MassCALL activities, and changes in the community's evaluation capacity.
- A description of how the coalition's and community's needs for technical assistance will be documented, including any unmet needs for assistance and activities or events that have resulted from the use or application of assistance received.

Applicants agree to work collaboratively with the statewide evaluators and to participate in the Evaluation Work Group, which includes a representative from each applicant funded. The Evaluation Work Group will function as a subcommittee of MassCALL, and will act to advise the statewide and local evaluation efforts. Applicants also agree to enter outcome and process data into an electronic database provided by the statewide evaluators. Data from each of the local evaluations will be compiled by the statewide evaluators to be shared with the MassCALL project.

Staffing Requirements:

- A staffing plan that describes project staff, qualifications, responsibilities and time devoted to the project.

Additional Program Requirements:

- MassCALL funding is through a cooperative agreement among federal, state and community partners. New information and learnings may result in changes being incorporated and required throughout the MassCALL process. Coalitions/organizations receiving funding and all subcontractors must agree to incorporate these changes upon written notification.
- Programs must agree to participate in the appropriate MassCALL WORK Groups such as the Funding and Resource, Comprehensive Prevention Strategy, Evaluation and Sustainability Work Groups (Appendix A).
- Applicants must agree to participate in MassCALL learning events.
- Applicants must agree to participate in statewide evaluation efforts.

Monitoring and Evaluation:

- The vendor will self-monitor performance and report progress made in the overall provision of services (annually).
- The vendor will collaborate with the BSAS in the implementation of additional tools to measure outputs and program performance (ongoing).
- The vendor will participate in site visits conducted by BSAS.

Program Results and Measures:

Each program is expected to develop and implement strategies that will achieve the following results. Where not stated, target goals for measures will be established jointly by the program and the BSAS.

Result:

Implementation of a science-based substance abuse prevention program/strategy.

Measures:

- The science-based program/strategy is designed to prevent marijuana, alcohol, tobacco and other drug abuse among youth ages 12-17.
- The science-based program/strategy design fits within a comprehensive, broad-based prevention plan that uses multiple prevention strategies.
- The science-based program/strategy includes an action plan.
- Implementation of the proposed project involves active participation of other organizations, youth and families, and schools.

Result:

Design and implementation of a needs and resource assessment that accurately reflects the community to served.

Measures:

- The needs and resource assessment includes substance use and abuse prevalence data and identifies major risk and protective factors to be addressed.
- The data sources used include surveys, interviews, focus groups and archival/records data.
- The resource inventory describes strengths and assets in the community.
- The needs assessment includes the nature and scope of the problem, the demographics of the community/group, indicators of substance abuse, and methods used.

Result:

Design and implementation of an evaluation of the selected science-based programs/strategies.

Measures:

- Required process and outcome data is provided on a timely basis.
- Participation in MassCALL Evaluation Work Group.

Applicant Eligibility Criteria:

Qualified bidders for MassCALL are coalitions. A coalition is defined as an organized group of community members that may include: youth, clergy, business, media, parents, educators, police, public officials, substance abuse prevention professionals, and human service organizations that represent the diversity of the community. The coalition must have strong leadership and have implemented a strategic planning process which includes a mission, vision, operating principles and an action plan which are aligned with the intent of the RFR.

All agencies wishing to bid for services with the Department of Public Health must have submitted a *Provider Profile* as described in Section 1.21 of this document by July 19, 1999. For the purposes of this RFR, either the 501-(c)3 coalition applying for funds directly, or a fiscal agent that they are contracting with, may submit the profile.

These coalitions should meet the following applicant criteria:

- Be community-based with a mission that is compatible with a focus on substance abuse prevention; and
- Have a recent history of demonstrated accomplishments in substance abuse prevention or related areas; and
- Have the organizational structure, resources, and management procedures sufficient to implement the proposed project and provide project accountability; and
- Have membership which reflects the community systems and the diversity of the residents including age, gender, sexual orientation, culture and disability; and
- Have a working relationship with the local government(s) in the area that it serves; and
- Have the capacity to monitor the ongoing implementation activities of the project and the capability to analyze and report on this data.

Priority will be given to coalitions that have been in existence for at least the previous 2 years prior to applying for MassCALL funding. Coalitions that have not been in existence for at least 2 years and want to apply for MassCALL funding must provide a clear and substantive proposal as to their capacity to implement the MassCALL science-based programs/strategies.

Exception: A maximum of 10% of the funds will be allocated to groups/organizations that serve communities of interest. A “community of interest” is a group of individuals that share common characteristics and who are members or clients of an organization that focuses on their interests. Members of a community of interest may live within a municipality or other relatively small and well-defined geographic area such as a neighborhood. It is also possible that members of a community of interest reside in larger geographic areas that may or may not be contiguous, such as several municipalities or the Commonwealth as a whole. Examples of communities of interest are: gay and lesbian youth living across the Commonwealth, or Latino youth that are members of a youth service organization serving several municipalities.

Identification of Population to be Addressed:

MassCALL programs/strategies are designed to serve youth ages 12-17 and their families including:

- Youth who reside within a target “community” defined as a geographic area such as a neighborhood, municipality, or a “community of interest” (see above).
- Youth in the general population (universal), youth at high risk for substance abuse problems (selected), and those youth manifesting early signs of substance abuse problems (indicated). While it is understood that the choice of which population to be served will be guided by results of the local needs and resource assessment, universal strategies are generally preferred. (Broustein, Zweig, Gardner, December 3, 1988, p 7, Appendix C)

1.17 INSTRUCTIONS FOR SUBMISSION OF RESPONSES: (Where, to submit responses, how, format, medium and # copies of responses, if applicable)

PROPOSAL FORMAT:

Proposals are limited to 25 single spaced pages not including attachments. Materials included beyond the 25 page limit will not be considered for review. Only attachments specifically requested in the RFR should be included.

The proposal must be signed by an authorized signatory of the bidding organization. Proposals must be of a format and quality that permits easy reproduction. Bound copies will not be accepted. Applicants should carefully check page limits as this will be strictly enforced. A standard 12-point font is to be used for proposals and each page is to contain 1" margins. Faxed materials will not be accepted. To facilitate review and processing of the applications by the awarding office, all pages should be numbered and preceded by a table of contents.

Eligible proposals must consist of the following: 1) Responses to the application questions found below; 2) Completed required Forms found in section 1.49 of this RFR, including Program Budget, Proposal Cover Page, Northern Ireland Notice & Certification; and, 3) Other requested attachments.

Complete the Attachment B budget forms and the Budget Worksheet according to the budget instructions. Bidders must submit a detailed budget for each service option outlined in the RFR, including a prorated budget for the remaining months of FY 99 and a 12 month annualized budget. The Attachment B budget forms, the Budget Worksheet and the budget instructions can be found on the Comm-Pass website in the Forms Section.

Materials should be submitted in the following order:

1. Proposal Cover Page
2. Table of Contents
3. DPH Required Attachments
4. Response to Questions and Affirmations
5. Budget Pages
6. Budget Justification
7. MassCALL Requested Attachments only (other information must be included in response to questions)

PROPOSAL SUBMISSION:

An original proposal and five (5) copies must be submitted by Monday July 26, 1999 no later than 4:00 P.M. to Stefano Keel at the DPH/ BSAS at one of sites listed below.

[All agencies wishing to bid for services with the Department of Public Health must have submitted a *Provider Profile* as described in Section 1.21 of this document by July 19, 1999. For the purposes of this RFR, either the 501-(c)3 coalition applying for funds directly, or a fiscal agent that they are contracting with, may submit the profile.]

MA Department of Public Health
Bureau of Substance Abuse Services
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Tel: (617) 624-5187

MA Department of Public Health
Western Ma. Regional Office
Bureau of Substance Abuse Services
23 Service Center
Northampton, MA. 01060
Tel: (413) 586-7525

MA Department of Public Health
Central Ma. Regional Office
Bureau of Substance Abuse Services
180 Beaman Street
W. Boylston, MA 01583
Tel: (508)792-7880 x 339

MA Department of Public Health
Northeast Regional Office
Bureau of Substance Abuse Services
Tewksbury Hospital
East Street
Tewksbury, MA 01876
Tel: (978) 688-2323

MA Department of Public Health
Metro West Regional Office
Bureau of Substance Abuse Services
5 Randolph Street
Canton, MA 02021
Tel: (781) 828-7793

All proposals and related documents submitted in response to this RFR are public records under the Massachusetts Public Records law (M.G.L., c. 66, para. 10 and c. 4 para. 7) regarding public access to such documents.

The DPH/BSAS strongly encourages each agency intending to bid for services under this RFR to complete and submit a **Letter of Intent by June 18, 1999**. It should be signed by the legally authorized representative of the bidding agency. The letter of intent to bid is not required and not binding.

Letters of Intent should be mailed or delivered to:

**Stefano Keel
Department of Public Health
Bureau of Substance Abuse Services
250 Washington Street, 3rd Floor
Boston, MA 02108-4619**

Persons needing assistance regarding programmatic aspects of the RFR should contact Stefano Keel at (617) 624-5187, TTY (617) 624-5186, or at Stefano.Keel@state.ma.us. Persons needing assistance regarding technical aspects of proposal submission should contact Sarah Coelho at (617) 624-5136, TTY (617) 624-5186, or at Sarah.Coelho@state.ma.us.

Application Questions

It is important that each question be labeled and answered in the sequence in which it appears. There is no need to write out the entire question; just indicate its number, e.g., "Question 1", "Question 4", "Question 12a", etc., and follow each with the answer.

I. Overview and Organizational Capacity

1. Provide a brief abstract of the proposed program/strategy (1-3 paragraphs).
2. The applicant organization should be a Coalition*. What is the coalition's mission statement? How does the proposed project fit with this mission?
3. Provide a brief description of the coalition's history, including the coalition's experience in substance abuse prevention or related issues. Include the length of time the coalition has been in existence, and specify the coalition's activity for the 2 years prior to this application. If the coalition has not been in existence for the 2 years prior to this application, provide a clear and strong case that demonstrates its capacity to implement the MassCALL science-based programs and strategies.
4. Describe the coalition's membership. What community systems are represented? Is the diversity of the community represented in terms of age, gender, culture, sexual identity and disability? Provide a membership list as an Attachment (see Appendix G: List of Required Attachments).
5. What organizational roles do youth currently play in the infrastructure and operation of the coalition?
6. Describe the coalition's relationship with local government(s) in the area that it serves.
7. Describe the coalition's organizational structure. Include an organizational chart as an attachment that shows the location of the proposed program within the organization
8. Describe how the coalition's leadership, management procedures, and resources will facilitate the implementation of the proposed project and provide project accountability. If the fiscal agent is not the coalition include a description of the fiscal agent, include how the fiscal agent was chosen, what the responsibilities of the fiscal agent will be, and the mechanism that will be in place in case the fiscal agent changes during the contract period.
9. If the proposal being submitted contains subcontracts, name the participating agencies/programs that will be subcontractors and describe responsible parties, and structures for operation and accountability.

**If the applicant is not a coalition and is applying as a "community of interest" then please substitute the word organization for coalition and respond to all of the above questions except questions 4, 5, and 6.*

10. List the name(s) of any group or organization that will actively participate in the implementation of the proposed project (i.e. provide access to data; provide access to specific populations to deliver a service; share or provide resources/services to be delivered). Attach a signed linkage agreement with *each* group/organization participating in the project. The linkage agreement should specify the roles and responsibilities of all parties.
11. Describe how this program will support and integrate with Community Health Network Areas (CHNA) activities, including, as appropriate, specific health improvement projects.

II. Program Specific Questions

12. Needs and Resource Assessment (*Please answer all sections related to the needs and resource assessment*)

- a. Specify the method(s) used, and findings obtained, relative to the demographics of the community or geographic area to be served (including youth).
 - b. Specify the method(s) used, and findings obtained, specific to the nature and scope of alcohol, tobacco, and other drug abuse and related problems among youth ages 12-17.
 - c. Specify the method(s) used, and findings obtained, regarding the seriousness of these problems as compared to similar groups in settings (i.e. other Massachusetts communities), and whether or not these problems have changed over time.
 - d. Specify the method(s) used, and findings obtained, regarding indicators of substance abuse (i.e. drug abuse related hospital admissions; arrests for driving while intoxicated – DWI; and other risk factors).
 - e. Specify the method(s) used, and findings obtained, related to existing prevention efforts in the community or geographic area, resources (if any) and other protective factors directed at the population and problem(s) the applicant proposes to target.
 - f. Specify the method(s) used, and findings obtained, regarding how the project has included culturally diverse viewpoints in the needs and resource assessment processes.
13. Science-based programming is based on logical connections between the needs/resource assessment, short and long term outcomes expected, and the proposed intervention. How does the program/strategy selected address the following:

[If more than one program /strategy is proposed answer a-e of this question for *each* selected program/strategy (Note: the answers for questions a-e may be the same or similar for each program/strategy).]

- a. Identify the major goal(s) of the proposed project.
 - b. From the needs and resource assessment, identify the selected population and the needs that the proposed project is intended to address. Explain why these particular needs are being addressed.
 - c. From the needs and resource assessment, specify the related risk and protective factors the project will address. Explain how they relate to the selected population, and why these particular risk and protective factors are being addressed.
 - d. What are the long-term outcomes for the proposed program?
 - e. Be sure to include who or what is to change; what behaviors or community conditions are expected to change; in what direction the change(s) will occur; how much change will occur; and by what time the change(s) will occur.
 - f. What are the short-term outcomes for the proposed program? Be sure to include who or what is to change; what behaviors or community conditions are expected to change; in what direction the change(s) will occur; how much change will occur; and by what time the change(s) will occur.
14. Describe the science-based program/strategy that has been selected by responding to the following:

[If more than one program /strategy is proposed answer a-e of this question for *each* selected program/strategy (Note: the answers for questions d & e may be the same or similar for each program/strategy).]

- a. From the science-based program/strategy listing in Appendix C & D, identify and briefly describe the program/strategy that you plan to use. If the program being proposed is not included in Appendix C or D then please include as an attachment the "Science – Based Program Approval Form" previously received from MassCALL.
 - b. Explain how the strategy you have selected is appropriate to the population, needs and resource assessment, risk & protective factors, and long and short term of the proposed program.
 - c. What, if any, adaptations to the original design of the proposed program are planned? Will the full program be implemented, or will only a portion of the program be implemented? If only a portion of the program will be implemented, describe what steps will be taken to ensure that any changes made will be consistent with the science-based principles underlying the selected models. If some components of the science-based program/strategy will be funded by other sources, describe the nature and conditions of these complimentary arrangements.
 - d. Describe the setting(s) in which this program/strategy will be delivered. (Note: the same settings may be used for more than one program/strategy.)
 - e. Describe how the proposed program/strategy fits with other current community prevention activities that address the needs of the population to be served by the proposed strategy. Does it fill a gap, compliment, or strengthen existing prevention activities?
15. Describe the project implementation plan including:
- a. When each proposed prevention activity will begin and end and the expected program milestones for each.
 - b. A timeline that specifies target dates for prevention implementation milestones and assigns organizational and/or staff responsibility for each milestone.
16. For each proposed program/strategy, describe the evaluation plan. Include the following:
- (Note: the answers for questions a-d may be the same or similar for each program/strategy).
- a. In addition to the outcome measures which will be provided by the statewide evaluators, how you will measure the long and short term outcomes specified in your response to questions 13 d, and e.
 - b. Specification from whom the data will be collected, and at what intervals. Discuss strategies that will be used to help ensure the validity (interpretability of your results. Will a comparison group be used? If so, describe the group composition and methods used.
 - c. A description of how the outcome data will be analyzed.
 - d. A description of how you will document the following:
 - The program's implementation , including any adaptations to the science-based model used;
 - Changes in the applicant's and in the selected community's capacity to address substance abuse related problems.
17. Describe how the applicant will actively involve youth, families, schools, and workplaces in the development and implementation of all proposed programs.

18. Describe how the applicant will insure cultural inclusion in all of its processes and products.
19. Describe the staffing pattern and explain how it is adequate to carry out the proposed program/strategy. Include a plan to provide staff supervision. Provide a job description for each staff position, including required educational experience. [Required qualifications should relate to the components of the science-based program/strategy to be delivered] Also address these questions for the staff of the subcontractor(s) that will be staffing the project.

III. Affirmations

- Affirm that your proposed program will achieve the desired results and measures as spelled out under *Program Results and Measures* of the *Program Design: Program Components and Standards* section.
- MassCALL funding is through a cooperative agreement among federal, state and community partners. New information and learnings may result in changes being incorporated and required throughout the MassCALL process. Affirm that you will incorporate these changes upon written notification.
- Affirm that you will participate in the appropriate MassCALL Work Groups such as the Comprehensive Prevention Strategy, Funding Evaluation and Sustainability.
- Affirm that you will participate in MassCALL Learning Events..
- Affirm that you will participate in statewide evaluation efforts and the national cross-site evaluation conducted by CSAP.

1.18 **DEADLINE FOR RESPONSES** or Procurement Calendar:

Deadline Date: July 26, 1999

Deadline Time: 4:00 pm

Will a Bidders Conference be offered? ☐ NO ☒ YES:

June 9, 1999 1:30pm – 4:00pm Holiday Inn, Worcester, MA

Will Opportunity for Written Questions be Offered: ☒ NO ☐ YES (Indicate Deadline Date, Time and Place):

PRINCIPLES, POLICIES, AND PROVISIONS

- 1.19** The terms of 801 CMR 21.00: Procurement of Commodities and Services (and 808 CMR 1.00: Compliance, Reporting and Auditing for Human and Social Services, if applicable) are incorporated by reference into this RFR. Words used in this RFR shall have the meanings defined in 801 CMR 21.00 (and 808 CMR 1.00, if applicable). Additional definitions may also be identified in this RFR. Unless otherwise specified in this RFR, all communications, responses, and documentation must be in English, all measurements must be provided in feet, inches, and pounds and all cost proposals or figures in U.S. currency. All responses must be submitted in accordance with the specific terms of this RFR. No electronic responses may be submitted in response to this RFR. All terms, conditions, requirements, and procedures included in this RFR must be met for a Response to be determined responsive. If a Bidder fails to meet any material term, condition, requirement or procedure, its Response may be deemed unresponsive and disqualified.
- 1.20** **Prequalification:** Prior to entering into a contract with DPH a provider must demonstrate that it meets minimum administrative and fiscal standards, established through the Executive Office of Health and Human Services (EOHHS) prequalification policy. Prequalification is the process the Commonwealth uses to be assured it has minimized possible risks to clients and families being served through purchased programs.

As soon as the DPH Purchase of Services (POS) Office is notified of a bidder's interest, via a request for prequalification material, a complete package of prequalification materials will be sent to the bidder. Prequalification materials should be completed and returned to the POS Office on or before the date the proposal is due. New bidders that have not received the package within two weeks of receiving the RFR should contact the POS Office at (617) 624-5800.

Bidding agencies that currently hold a contract with DPH or any other EOHHS agency do not need to submit prequalification materials in conjunction with this RFR process. That information will automatically be requested of the provider during the annual prequalification process for current vendors, which commences in the winter.

- 1.21** **Provider Profile:** Agencies wishing to bid for services through this RFR must have submitted a completed *Provider Profile* document questionnaire contained on a diskette to the DPH prior to the proposal due date. Bidders that have not submitted a Provider Profile document by the stated due date will be deemed non-eligible for funding consideration. This information will be evaluated in conjunction with the program proposal submitted by that agency. Diskettes containing completed *Provider Profiles* must be submitted to the DPH no later than July 19, 1999. Agencies that submitted Provider Profiles as part of the 1998 CHNA RFR or subsequent RFRs do not have to resubmit a provider profile for this RFR, though have the option of updating their Provider Profile if desired. Completed provider profiles should be submitted to:

Stefano Keel
Department of Public Health
250 Washington Street
Boston, MA 02108-4619
Tel: (617) 624-5187

Please note that this Provider Profile document is not part of the Commonwealth of Massachusetts Executive Office of Health and Human Services Prequalification process.

- 1.22 DPH as Payer of Last Resort:** In general, DPH funding policy only supports program costs for which there are no other or inadequate sources of funds. Contractors must demonstrate that all other sources of reimbursement available to the program are fully utilized, and a system must be in place to accurately identify all program income.
- Programs must screen clients for eligibility for Medicaid/MassHealth, other third party insurance (e.g. Childrens' Medical Security Plan), and other funding sources (e.g., Healthy Start) as appropriate for the program type. No funds will be awarded without specific justification of need beyond other sources of income. Bidders should consult the bureau and program description provided elsewhere in this document for any additional requirements regarding this policy.

- 1.23 Review, Evaluation, and Award:** Proposals from qualified bidding agencies will be reviewed and evaluated according to criteria to be in place by the time of proposal submission. A prioritized list of applicants will result from the review and evaluation. Awards shall be made to the qualified bidder(s) which submitted proposals most advantageous (i.e., represents the best value) to the Commonwealth. Final approval for contract awards reside with the DPH Commissioner or designee.

Northern Ireland Notice and Certification. All bidders must complete the Northern Ireland Notice and Certification form to satisfy M.G.L. c.7 section 22C, which states that no state agency may procure commodities or services from any bidder employing ten (10) or more employees in an office or other facility located in Northern Ireland unless the bidder certifies through the notice and certification form that if it employs ten or more employees in Northern Ireland, a) the bidder does not discriminate in employment, compensation or the terms, conditions and privileges of employment on account of religious or political belief, b) the bidder promotes religious tolerance within the workplace and the eradication of any manifestations of religious and other illegal discrimination and, c) the bidder is not engaged in the manufacture, distribution or sale of firearms, munitions, including rubber or plastic bullets, tear gas, armored vehicles or military aircraft for use or deployment in any activity in Northern Ireland.

- 1.24 Response Submission Requirements:** Responses submitted by selected Bidders, subject to changes that occur as a result of negotiations, will become part of the contract. Therefore, responses should include only those statements which the Bidder is prepared to agree to contractually.
- 1.25 Bidder Communication:** Bidders are prohibited from communicating directly with any employee of the procuring department except as specified in this RFR, and no other individual Commonwealth employee or representative is authorized to provide any information or respond to any question or inquiry concerning this RFR. Bidders may contact the contact person for this RFR in the event this RFR is incomplete or the bidder is having trouble obtaining any required attachments electronically through Comm-PASS. If the Bidder is having trouble obtaining any required attachments electronically through Comm-PASS please contact the Comm-PASS help desk at 888-MA-STATE.
- 1.26 Public Records:** All responses and information submitted in response to this RFR are subject to the Massachusetts Public Records Law, M.G.L., Chapter 66, Section 10, and to Chapter 4, Section 7, Subsection 26. Any statements in submitted responses that are inconsistent with these statutes shall be disregarded.
- 1.27 Cost:** Costs which are not specifically identified in the Bidder's Response and accepted by the Department as part of a Contract will not be compensated under any Contract awarded pursuant to this RFR. The Commonwealth will not be responsible for any costs or expenses incurred by Bidders responding to this RFR.

- 1.28 Comm-PASS:** If this RFR has been distributed electronically using the Comm-PASS system, RFR attachments that are referenced will be found either as a separate .pdf file along with the RFR, or are found in the "Forms and Information" section at: (<http://www.comm-pass.com/comm-pass/forms.html>). Bidders are solely responsible for obtaining and completing required attachments that are identified in this RFR and for checking Comm-PASS for any addenda or modifications that are subsequently made to this RFR or attachments. The Commonwealth and its subdivisions accept no liability and will provide no accommodation to bidders who fail to check for amended RFRs and submit inadequate or incorrect responses. Bidders are advised to check the "last change" field on the summary page of RFRs for which they intend to submit a response to ensure that they have the most recent RFR files. Bidders may not alter (manually or electronically) the RFR language or any RFR component files. Modifications to the body of the RFR, specifications, terms and conditions, or which change the intent of this RFR are prohibited and may disqualify a response.
- 1.29 Affirmative Market Program:** Massachusetts Executive Order 390 established a policy to promote the award of state contracts in a manner that develops and strengthens Minority and Women Business Enterprises (M/WBEs). As a result, M/WBEs are strongly encouraged to submit responses to this RFR, either as prime vendors, as joint venture partners, or as subcontractors. Non-M/WBE bidders are strongly encouraged to develop creative initiatives to help foster *new business relationships* with M/WBEs within the primary industries affected by this RFR. In order to satisfy this section, the bidder must submit: the names, addresses, phone numbers and contact persons of each M/WBE firm; a description of each business relationship to be established; and the actual dollar amounts, or percentages, to be awarded to each M/WBE firm. MBE and WBE firms must submit a copy of their SOMWBA certification letter for the current period. A directory of SOMWBA certified firms is available via the Internet at: www.magnet.state.ma.us/somwba. A Minority Business Enterprise (MBE) or a Woman Business Enterprises (WBE) is defined as a business that has been certified as such by the State Office of Minority and Women Business Assistance (SOMWBA). Minority and women-owned firms that are not currently SOMWBA-certified but would like to be considered as an M/WBE for this RFR should apply for certification. A fast track application is available, and will be considered for the purposes of this RFR. For further information on SOMWBA certification contact the State Office of Minority and Women Business Assistance at (617) 727-8692 or via the Internet at www.magnet.state.ma.us/somwba
- 1.30 Reasonable Accommodations:** Bidders with disabilities or hardships that seek reasonable accommodation, which may include the receipt of RFR information in an alternative format, must communicate such requests in writing to the contact person. Requests for accommodation will be addressed on a case by case basis. A bidder requesting accommodation must submit a written statement which describes the bidder's disability and the requested accommodation to the contact person for the RFR. The PMT reserves the right to reject unreasonable requests.
- 1.31 Contract Expansion:** If additional funds become available during the contract duration period, the department reserves the right to increase the maximum obligation to some or all contracts executed as a result of this RFR or to execute contracts with contractors not funded in the initial selection process, subject to available funding, satisfactory contract performance and service or commodity need. The Department of Public Health reserves the right to negotiate both increases and decreases to the maximum obligation as well as changes to the scope of service and/or performance measures throughout the duration of the contract and any option to renew to ensure the successful completion of services/goods procured through this RFR.

- 1.32 **Inter-Department Purchase:** The Department of Public Health reserves the right to include an option for other Departments to purchase services under the same terms of the contract. Should Departments exercise this option, Bidders will be required to specify their ability to extend services to other Departments and the rates to be used.
- 1.33 **Best and Final Offer, Value, Selection and Negotiation:** The PMT may select the response(s) which demonstrates the best value overall, including proposed alternatives, that will achieve the procurement goals of the department. The PMT and a selected bidder, or a contractor, may negotiate a change in any element of contract performance or cost identified in the original RFR or the selected bidder's or contractor's response which results in lower costs or a more cost effective or better value than was presented in the selected bidder's or contractor's original response. After the deadline for response submission, the Department of Public Health reserve the right to extend a Best and Final Offer opportunity to all or a select number of Bidders. Bidders may be asked to submit additional information specific to program specifications and cost.
- 1.34 **Commonwealth Terms & Conditions for Human and Social Services:** The selected Bidder will be required to execute the Commonwealth Terms and Conditions for Human and Social Services. This document is executed only once by a Contractor and applies to any and all contracts executed between the Contractor and Departments contracting for Human and Social Services.
- 1.35 **Disqualification:** The Department of Public Health may disqualify any Response that it deems unresponsive. Bidders are directed to 801 CMR 21.06 (10) and the POS Handbook for additional information.
- 1.36 **Contract Negotiation:** The Department of Public Health reserves the right to negotiate a change to any specifications contained in a Bidder's original response that results in a lower cost, more cost effective or better value service to the Commonwealth.
- 1.37 **Debriefing:** Upon award notification, Bidders submitting responses to this RFR and aggrieved by non-selection may request a debriefing from the Department by contacting the contact person (in writing) identified on the cover page of this RFR within fourteen (14) calendar days of the postmark of the award notification letter. A debriefing provides the bidder with an opportunity to: (1) discuss with designated DPH staff the Department's determination relative to the bidder's proposal and the basis for the award decision, (2) have Department staff identify any areas of weakness on the bidder's response and suggest improvements for future procurements, and/or (3) examine lists awards, evaluation materials and ratings from the review committee. **Note that comparisons with other responses will not be made during a debriefing.**
- 1.38 **Administrative Appeals:** Bidders who participate in the debriefing process and still remain aggrieved by non-selection may appeal that decision to the Massachusetts Department of Public Health Commissioner (or designee) within fourteen (14) calendar days of the debriefing. An appeal shall be based on one or more of the following grounds. 1. DPH's competitive bidding practices failed to comply with applicable regulations and guidelines; 2. There was a fundamental unfairness in the procurement process. Appeal requests must specify in writing and in sufficient detail the basis for the appeal. Sufficient detail requires a description of the published policy or procedure which was applied and forms the basis for the appeal and /or presentation of information that supports the claim under part 1 or 2 above. The Department shall use its best efforts to schedule an appeal with the Commissioner (or designee) and the bidder and its representatives within fourteen (14) days of receipt of the appeal request. All decisions of the Commissioner (or designee) shall be rendered in writing within sixty (60) days of the appeal. At the conclusion of the appeal process to the Department, Bidders who are still

aggrieved by non-selection may request a further level of appeal to the Division of Purchased Services. Please refer to Chapter Four of the Procurement Policies and Procedures Handbook for Human and Social Services for additional information on the DPS Appeal process.

- 1.39 **Subcontracting Policies:** Prior approval by the Department is required for any subcontracted service of the agreement. Contractors are responsible for the satisfactory performance and adequate oversight of its subcontractors. Subcontractors are required to meet the same state and federal financial and program reporting requirements as Contractors.
- 1.40 **Procurement Policies and Procedures Handbook:** This RFR is issued subject to the Commonwealth's procurement regulations 801 CMR 21.00, policies and procedures outlined in the Procurement Policies and Procedures Handbook and any subsequent updates issued by DPS.
- 1.41 **Critical Services Procurement:** In order to ensure continuity of care to Commonwealth clients where a Service Contract for a residential program has been terminated because of a provider Contractor's breach, the Executive Office of Health and Human Services (EOHHS) has promulgated the following standard Secretariat Condition applicable to all residential services for which EOHHS Purchasing Agencies purchase at least 50% of the capacity of the residential program. Service contracts to which this provision applies shall be deemed Critical Services contracts. Where more than one EOHHS Purchasing Agency designated by EOHHS ("EOHHS Purchasing Agency") shall be responsible for coordinating or otherwise negotiating on behalf of the Commonwealth as described below.

In the event of termination under Section 4 of the Commonwealth Terms and Conditions for Human and Social Services ("T/C-HSS") for the provider Contractor's breach or emergency of a Critical Service contract, the following additional provision shall apply:

Upon the request of the EOHHS Purchasing Agency, the provider Contractor shall participate in good faith negotiations with the EOHHS Purchasing Agency, the Successor Provider and , where appropriate, the building owner and financial institution, over the temporary use and occupancy of the building by the Successor Provider. The scope of negotiations shall include, but not be limited to, the duration and other terms of the temporary use and occupancy. While nothing in this Condition shall require any party to the negotiations to reach an agreement, the parties shall make their best efforts to ensure the continuity of residential client care while the EOHHS Purchasing Agency is identifying alternative residential locations.

This provision shall remain in effect until the enactment of legislation authorizing court appointment of a receiver in emergency situations in which clients of a provider Contractor are in imminent danger of harm.

- 1.42 DPH will work in partnership with providers to help them fully incorporate the following principles (items 1.43 - 1.49) into their agency's policies and practices so that all programs meet these standards. For each year of the contract, DPH will expect that providers will be able to demonstrate/document continuous improvement towards meeting these standards. It is the Department's intention that programs will have fully met these standards by the end of the contract.
- 1.43 **Americans with Disabilities Act (ADA) Contract Compliance:** Contractors must be in compliance with ADA requirements.

- 1.44 Comprehensive Community Programs and Care:** Comprehensive systems of community programs and client care are planned and implemented to enable people to access or be referred to appropriate prevention, personal health and treatment programs.

Standard: Formal mechanisms exist for inter and intra-agency planning and coordination across service delivery systems and disciplines.

Indicators: Active participation in CHNA and other community coalitions.
Effective service coordination and linkages between agencies.

Standard: A range of prevention, personal health and treatment services are made available at sites or through referral or collaborative efforts to meet the full range of individual/family needs.

Indicator: Effective service coordination and linkages between agencies.

- 1.45 Community and Consumer Based:** Communities/families/individuals have significant involvement with professionals in the design, delivery, and evaluation of services and programs. Services and programs include encouragement of peer group involvement and/or family-centered support and evaluation.

Standard: Formal mechanisms are in place to facilitate use of local resources including involvement of communities, families, and individuals, with professionals in the design delivery, and evaluation of programs and services to ensure that community needs and health status priorities are met.

Indicators: Use of needs assessment strategies and existing data program planning and design.

Consumer participation in program development.

Consumer participation on boards of directors, advisory councils, committees, task forces and working groups for planning.

Standard: Peer involvement, through community health workers, outreach educators, and peer leaders, is consistently promoted and incorporated into delivery of public information, outreach, education and other services.

Indicators: Documented utilization of peer support and education systems in delivery of services.
Agencies document support systems, i.e., training supervision, etc. for peer educators.

- 1.46 Values Diversity:** Community activities, services and care are planned and provided with competencies in culture, language, disabilities, developmental stage, socioeconomic status, sexual orientation, age, and gender identity.

Standard: Health service organizations and programs are welcoming, physically accessible and able to provide clients with appropriate resources and materials as well as being culturally competent.

Indicators: Existing needs assessment tools and methods, e.g. self evaluation, measure program accessibility and agency cultural competence.

	<p>Agencies develop and implement plans to assure that identified needs are addressed.</p> <p>Agencies implement policies and practices that prohibit discrimination and promote access and inclusion.</p>
Standard:	Agencies ensure meaningful inclusion and participation for health improvement for all people.
Indicators:	<p>Agencies have a plan for staff development related to diversity.</p> <p>Results of feedback mechanisms are documented and incorporated into program practices.</p>
definition	<p>Standard: Service design and methods of delivery address the needs and priorities of the entire family as well as individual clients, utilizing a broad of family and incorporating cultural norms, values and practices.</p> <p>Indicators: Program descriptions and operating procedures document services for both individuals and families, either through direct service provision or through linkages with other agencies/programs.</p> <p>Family members are included as partners in assessment, planning and decision-making, except in situations where the client determines family involvement may not be appropriate.</p> <p>Systems are in place between agencies to ensure coordinated development and evaluation of services.</p>
1.47	<p><u>Prevention Oriented:</u> Community activities, services and care are planned to create conditions that promote personal and community attributes that contribute to the well-being of people. This system promotes and protects health by building on individual and community strengths and reducing the incidence of disease or injury before they occur.</p> <p>Standard: Systems are in place to document risk factors, health problems and changes in social and environmental risk factors.</p> <p>Indicator: Participation in community needs/resource assessment.</p> <p>Standard: Programs and services are designed and implemented to build on the strengths of communities which they serve.</p> <p>Indicators: Agency/program documents its collaboration and coordination with multiple community systems or settings, schools, neighborhoods, places of worship, work sites, business and other community institutions.</p> <p>Program protocols/guidelines specify appropriate prevention populations, activities, strategies, benchmarks and results indicators.</p> <p>Standard: Agencies facilitate a process of building relationships among individuals and organizations.</p> <p>Indicator: Active, ongoing participation in CHNA, coalitions and partnerships.</p>
1.48	<p><u>Accountability:</u> Community activities, services and care are designed to be results oriented, having quality assurance and quality improvement procedures in place, use of best programmatic practices, use of sound financial practices, and reports data. Accountability also includes delivering services in the most efficient, cost -effective way.</p> <p>Standard: Agency/program has quality assurance and/or quality procedures in place to ensure quality services.</p>

Indicator:	Program evaluation (annual/biannual, DPH/self) shows working quality assurance and improvement system(s) in place.
Standard:	Agency/program utilizes sound financial practices.
Indicators:	Agency/program has a single agency audit (and WIC financial review which shows no material findings and includes a corrective action plan for non-material findings. Agency bills for programs activities accurately and in a timely manner. Program budget and expenditures provide for quality service delivery in a reasonable manner.
Standard:	Agency/program completes and submits reports and data accurately and on time.
Indicator:	Required and requested reports and data are submitted accurately and on schedule.
Standard:	Agency/program utilizes "best practices" and provides services in efficient, cost-effective way.
Indicator:	Program evaluation (annual/biannual, DPH/self) that follow best practices as delineated and/or are provided in a cost-effective way.
Standard:	Agency utilizes a results oriented process to design, deliver, and evaluate services.
Indicator:	Program documents and demonstrates that identified benchmarks have been attained and that results indicators have been achieved.

1. 49 RFR ATTACHMENTS

The following checked forms must be completed and submitted with the proposal. The other forms are not required at proposal submission, though may be required at the time of a contract award, if applicable. Failure to return checked forms with the response may disqualify the response. These forms may be found at:

<http://www.comm-pass.com/comm-pass/forms.html>

In addition, other forms may be required and will be outlined in the RFR or presented during contract award.

- ☒ Commonwealth Terms and Conditions for Human and Social Services
- ☐ Standard Contract Form
- ☒ Contractor Authorized Signature Verification Form
- ☐ Verification of Taxation Reporting Information (MA Substitute W-9 Format)
- ☒ Northern Ireland Notice & Certification
- ☐ Affirmative Action Plan Form

Purchase of Service Contract Attachments

- ☒ 1 : Program Cover Page
- ☐ 2 : Performance Measures
- ☒ 3 : Program Budget
- ☐ 4 : Rate Calculation/Maximum Obligation Page
- ☐ 5 : Non-Reimbursable Cost Program Offset Schedule

1.50 MassCALL Appendices

- ☒ Appendix A -- MassCALL Organizational Structure Organizational Chart
- ☒ Appendix B -- Risk Factors and Protective Factors
- ☒ Appendix C -- Science-Based Practices in Substance Abuse Prevention: A Guide
- ☒ Appendix D -- Science-Based Program Models
- ☒ Appendix E -- Science-Based Prevention
- ☒ Appendix F -- Procedures for Evaluating Programs
- ☒ Appendix G -- List of Required Attachments

PROPOSAL COVER PAGE

Organization Information

Legal Name _____

Address _____

Telephone _____ **Fax** _____

Executive Officer _____

Executive Director _____

SOMBWA Certified _____

Agency RFR Contact Person _____

Signature of individual authorized to sign contracts:

Title _____

Date _____

Please complete and attach as the first page of your application.